

# Registration Form

## Ship Superintendent Training

Applications for **SHIP SUPERINTENDENTS' TRAINING PROGRAMME** delivered at the Isle of Man International Business School can be made all year round using this application form; nevertheless, places on our courses are limited so you are encouraged to begin the application process as soon as possible.

- If you have any queries, please contact enquiries@emcs.co.im or telephone +44 (0) 1624 833955
- We will acknowledge receipt of your application form as soon as it is received.
- We will then endeavour to reply to you within 2 weeks of us receiving your completed application with the result of your application.

### Data Protection

The Isle of Man International Business School (The IBS) is registered as a Data Controller with the office of the Isle of Man Data Protection Registrar, as required under the Data Protection Act 2002. We will only process data in accordance with this Act for the purposes notified to the Supervisor.

Please complete this Application Form clearly in **BLOCK CAPITALS**.

Please include **international dialling codes** for telephone/ fax numbers outside the Isle of Man.

### 1. The Course

Name of course: SHIP SUPERINTENDENTS' TRAINING PROGRAMME

Commences \_\_\_\_\_ (Month/Year)

How did you find out about this course? \_\_\_\_\_

Have you also applied for this course or something similar elsewhere?

- Yes - where? \_\_\_\_\_
- No

### 2. Personal Details

Title \_\_\_\_\_ Surname \_\_\_\_\_

Forename(s) \_\_\_\_\_

I prefer to be known as \_\_\_\_\_

Gender  Male  Female

Date of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_

Nationality \_\_\_\_\_

Home Address:

\_\_\_\_\_  
\_\_\_\_\_

EMAIL \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### 3. Special Needs or Support

Please tick and provide further details as appropriate

- Dietary restrictions
- English Second Language
- Learning needs eg. dyslexia
- Physical disabilities
- Other

Details: \_\_\_\_\_

\_\_\_\_\_

### 5. Emergency Contact(s)

Name \_\_\_\_\_

Relationship to You \_\_\_\_\_

Telephone(s) \_\_\_\_\_

### 6. Invoicing Details

Company Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For the Attention of \_\_\_\_\_

Contact Telephone number \_\_\_\_\_

Email \_\_\_\_\_

**6. Current Job Title and details of roles and responsibilities**

**7. What are you hoping to gain from the Ship Superintendent Training Programme?**

**8. What attracted you to attending this course/workshop at the Isle of Man International Business School?**

**9. Declaration**

I declare that the information given on this form is correct. I agree to abide by the rules and regulations of the Isle of Man International Business School. I accept that any falsification of information would lead to the withdrawal of an offer of a place on my chosen course.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**REMEMBER TO KEEP A PHOTOCOPY OF THIS COMPLETED APPLICATION FORM.**

**Please return completed application forms to:**

Cheryl Reeday, EMCS (International) Ltd (as Course Managers)  
Marion House, 9 Station Road, Port Erin, Isle of Man, IM9 4AE

**T: +44 (0)1624 833955, F: +44 (0)1624 837173, E: [enquiries@emcs.co.im](mailto:enquiries@emcs.co.im)**